

Linden, M., & Muschalla, B. (2007). Anxiety disorders and workplace-related anxieties. *Journal of Anxiety Disorders*, 21, 467-474.

Title of the article:

Anxiety disorders and workplace-related anxieties

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running title: workplace-related anxieties

prepared for publication in: *Journal of Anxiety Disorders*, **JAD#06-117**
revised version,

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Abstract

Background: Workplace-related anxieties are often connected with sick leave. There are no established instruments which allow to assess this phenomenologically heterogeneous group of disorders.

Method: 132 psychosomatic inpatients were interviewed with a standardized diagnostic interview in respect to mental illnesses, especially primary anxiety disorders, and in addition in respect to different work-related anxiety disorders.

Results: 71% of women and 54% of men complained about work-related anxiety. 20.5% of participants are suffering from work-related panic, 58% from work-related phobia, 34.1% from work-related social phobia, 39.4% from work-related generalized anxiety, and 1.5% from work-related PTSD. There is a moderate relation between mental disorders or primary anxiety disorders and work-related anxiety. 14% of the participants did only suffer from workplace-related anxiety and did not report any other anxiety disorder outside the workplace situation.

Conclusion: There are various types of workplace-related anxieties. They are partly independent clinical phenomena deserving special diagnostic and therapeutic attention.

Keywords

Workplace-related anxieties, workplace phobia, anxiety disorders, disorders of capacity and participation

Introduction

Anxiety disorders are frequent and result in suffering for the patient and costs for the society (Ninan, 2001; Greenberg et. al., 1999). Anxiety disorders are a heterogeneous group of disorders including specific phobias, social phobia, agoraphobia and panic disorders, generalized anxiety, OCD, PTSD, hypochondriasis and somatization disorders (ICD 10; DSM-IV).

There is growing evidence that the workplace can have an important role in the development of anxiety problems and disorders. This is discussed under headings like "mobbing", "work stress", "burnout", or "work-load" (Leymann 1993a; Zapf et. al., 1996; Selye, 1983; Greif et. al., 1991; Maslach & Jackson, 1981; Gussy, 1995; Kirchner, 1993; Rohmert, 1984, Haslam et. al., 2005; Buddeberg-Fischer et. al, 2005; Helge, 2001; Hobson & Beach, 2000; Turnipseed, 1998, Kawakami et. al., 1996; Brodsky, 1988). Special attention has been given to workplace-related posttraumatic stress disorders (MacDonald et. al., 2003; Laposa et. al., 2003; Price et. al., 2005) and anxiety phenomena in special professional settings (Fehm & Schmidt, 2006).

Independent of their nature and origin, anxiety disorders can interfere with the ability of participants to work (Haines et. al., 2002; Linden et. al., 2003, 2005). Work-related anxieties can manifest in the form of phobia, social anxiety, generalized anxiety, fears of insufficiency, or hypochondrial anxiety in relation to work, working conditions, or colleagues and superiors.

Statement of the problem and purpose of the study

To date it is unknown to what degree anxiety disorders and work-related anxiety disorders are

interrelated. Do all anxiety disorders also involve the workplace? Are work-related anxieties always a symptom of a primary anxiety disorder? To our knowledge there is no systematic study on the interrelation of anxiety disorders and work-related anxiety disorders. In order to answer these questions we wanted to investigate the relationship between anxiety disorders in general and anxiety exhibited in the workplace in particular.

Method

Assessment of anxiety disorders and work-related anxiety disorders:

All participants were interviewed with the standardized Mini International Psychiatric Interview M.I.N.I. (Sheehan et. al., 1994), based on the diagnostic criteria of the DSM-IV. The interview allows to assess all major psychiatric disorders, including all anxiety disorders.

On the basis of this interview, we developed an additional interview kit for the assessment of work-related anxieties, the “MINI work anxiety interview”. This second interview targeted panic, situational phobia, social phobia (with the subcategories indiscriminate and discriminate social phobia), generalized anxiety, and posttraumatic stress disorder in relation to the workplace. Table 1 contrasts the original questions of the M.I.N.I with the questions of our special module to examine work-place related anxiety disorders.

insert tab. 1 about here

Panic related to the workplace is defined by panic attacks that happen at the workplace.

Situational workplace phobia (analogous to agoraphobia) describes feelings of uneasiness in selected situations at the workplace resulting in avoidance of such situations whenever possible. Social phobia at the workplace refers to colleagues, clients, or superiors resulting in avoidance of contact whenever possible. “Indiscriminate social phobia” means that this happens everywhere and with everyone, while “discriminate social phobia” is restricted to a selected person or special groups of persons. Work-related generalized anxieties are characterized by constant worrying about minor matters. In work-related PTSD, the traumatic event has happened at the workplace.

Participants:

The study was done in an inpatient psychosomatic rehabilitation center. Patients are admitted for inpatient treatment because of all forms of mental disorders, mostly with a chronic course. Therefore, the rate of participants with work-related problems is higher in this sample than in other patient populations. 132 participants were interviewed. 80% were women, the average age of both sexes was 45.8 years. 70% of the participants were white-collar-workers, 26% had a university-diploma. 32% were at present unemployed, 51% were on sick leave at the time of their admission, 30% longer than 26 weeks on sick leave. We included patients independently of whether they were presently at work or out of work, because being out of work can well be the result of workplace anxieties and be evoked, when imagining the (former or a future) workplace.

Participants were informed that they would be interviewed in respect to their general mental status and their feelings towards their workplace. During the interview, the general psychiatric categories were examined first, followed by the workplace-related anxieties. Participants who were unemployed or on longer sick leave were asked to refer to their last or a similar workplace. The interview followed the general rules of semi-standardized interviews. The interviewer

presented the questions to the participant, made clear that they were properly understood and recorded the answers, allowing the participant to explain his view.

Results

According to the standardized interview, the predominant diagnoses in female participants were depression (44%) and generalized anxiety-disorders (50%), and in male participants generalized anxiety disorders (31%), social phobia (31%) and dysthymia (27%). There were 17.4 % of participants who were not suffering from other mental problems but e.g. from migraine or pain disorders. Table 2 shows the prevalence of anxiety disorders in general and other major mental disorders, the prevalence of workplace-related anxieties in the population, and the percentage of comorbidity between the different forms of mental disorders anxieties in general and workplace-related anxieties.

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In this selected population, 67.4% of participants reported work-related anxieties, i.e. 71% of women and 54% of men. Most frequent are situational workplace phobia (53.8%) followed by general anxieties (39.4%), social phobia (34.1%), discriminate social phobia (22.0%), panic (20.5%), indiscriminate social phobia (12.1%) and posttraumatic stress (1.5%).

Results show that work-related anxieties and primary anxiety disorders are not identical.

Participants with panic disorders suffer in only 35.8% from work-related panic but in 66.6% from

work-related phobia or in 38.5% from work-related social phobia and in 46.1% from work-related generalized anxiety. Participants with generalized anxiety disorders complain in only 52.4% about work-related generalized anxieties but in 60.6% about work-related phobia or in 45.9% about social phobia.

Similarly, if participants are suffering from some work-related anxiety, various primary mental disorders can be found. 59.3% of participants who complain about panic at the workplace are suffering from generalized anxiety disorders or 55.5% from agoraphobia. Participants with work-related social fears are suffering in only 33.3% of cases from social phobia. There is also a high rate of depression in patients with work-related anxieties: 60.0% in work-related social phobia or 50.0% in work-related generalized anxiety.

As the prevalence rates show, there is a high rate of comorbidity between work-related anxiety disorders. Positive interrelations are found between work-related discriminate social phobia and “workplace phobia” ($r = .436^{**}$), work-related generalized anxiety and workplace phobia ($r = .593^{**}$), and work-related generalized anxiety and discriminate social phobia ($r = .512^{**}$). The correlation between anxiety disorders and work-related anxiety disorders was $r = .388^{**}$ and $r = .463^{**}$ between general psychiatric disorders and work-related anxiety disorders. 20.2% of participants with work-related anxiety did not suffer from primary anxiety disorders and 10.1% not from any mental disorder at all. 23.5% of participants with primary anxiety disorders and 26.5% with any mental disorder did not report about work-related anxieties. Referring to the whole sample, 14% of the participants did only suffer from workplace-related anxiety and did not report any other anxiety disorder outside the workplace situation.

Discussion

This study is an investigation on the relationship between anxiety in general and anxiety exhibited in the workplace. Clinical experience shows that disabling anxiety must not always affect all parts of life, but can be related very specifically to the workplace only. Any workplace has features which can provoke anxiety. Workplaces are hierarchically organized so that superiors can exert sanctions, there are demands which can result in failure, there is rivalry between colleagues, there can be the danger of accidents or direct threats by customers. Workplace anxiety can also have especially dire consequences. They not only pose a lot of stress on the anxious person, but when it comes to workplace avoidance, the results are high social costs. Finally, workplace anxiety is difficult to treat, as it is impossible to make an exposition therapy, because, different than the subway, the workplace can not be approached gradually or anonymously.

This is to our knowledge the first study assessing anxiety disorders and different types of work-related anxieties at the same time. When interpreting the data one has to keep in mind that they come from a selected group of participants which have been in inpatient treatment for chronic mental disorders and in many cases also disorders of participation especially in relation to their job. Therefore neither the rate of mental disorders, nor the rate of comorbidity for mental disorders nor the rate of work-related anxieties can be interpreted as epidemiological findings. On the other hand, this selected group of participants is especially suited to study the interrelation between anxiety disorders and work-related anxieties because of these high prevalence rates.

One important result of our investigation is that participants with workplace anxieties do in their majority also suffer from other mental or anxiety disorders. Anxiety disorders obviously do not exclude the workplace. Patients with anxiety disorders are therefore inclined to also suffer from anxiety in relation to the work place. The consequence from these results should be to thoroughly ask every patient who is suffering from an anxiety disorder for work related anxieties.

The second important result is that workplace anxiety can be a problem of its own. There are patients who only report about anxiety in connection with the work place. From a theoretical perspective it must be kept in mind that anxiety is by its very nature stimulus bound. It must be expected that some anxiety problems pertain to all areas of life but others only to selected stimuli. As work is an important part in life, there must be specific work-related anxieties, similar to school anxiety. These work-related anxiety disorders deserve more attention as they, by their very nature, impair social integration, productivity and participation, as defined in the ICF (WHO 2001). The fact that they are only partly related to primary anxiety disorders shows that it is not enough to restrict diagnoses and therapies to these primary disorders but that participation and rehabilitation oriented treatments must also look at specific work-related problems. From a clinical perspective it must be assumed that these work-related anxieties play an important part in the explanation of sick leave and early pensions additional to mental disorders in general. The MINI work anxiety interview provides the methodology to investigate this problem.

A third important result of this study is that work-related anxieties are not a uniform phenomenon but that similar discriminations can and must be made as in the diagnosis of primary anxiety disorders. Work-related anxieties are seen in the form of posttraumatic disorders, phobic disorders in relation to special work situations or persons, or generalized worrying. Furthermore,

there are also domain specific specialities. There is not one “social phobia” but two:

“Indiscriminate social phobia” describes patients with anxiety and phobic reactions in almost any situation where they are asked to expose themselves. “Discriminate phobia” describes anxieties to selected persons, such as a special colleague or superior and is more frequent (22.0% of participants) than the indiscriminate type (12.1%). The MINI work anxiety interview allows to make such differential diagnoses.

Why do participants do not answer in the interview general questions related to panic with yes but do so when asked specifically about the workplace? The explanation is that persons make a difference between general problems and domain specific problems. It is not the same whether a problem is experienced in many areas of life or only in a selected situation. General questions on primary anxiety disorders do also not direct the attention of participants to their workplace. Therefore, it is indispensable to ask specifically for work-related anxieties in order to diagnose related problems.

In summary, our study shows that work-related anxieties are a frequent, multiform and special clinical problem which must be expected to have direct impact on job participation or sick leave and early retirement. Further research is needed on prevalence rates in different populations, on the relation between work-related anxieties and sick leave and on possible treatments. Work-related anxieties are an important clinical problem in need of more scientific attention.

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Table 1. Questions in the “MINI international neuropsychiatric interview” and the “MINI work anxiety interview”

| M.I.N.I. (Mini International Neuropsychiatric Interview) | M.I.N.I. work anxiety interview |
|---|--|
| <p><i>Panic disorder:</i> “Have you, on more than one occasion, had more than once spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy in a situation where most people would not feel that way?”</p> | <p><i>Work-related panic disorder:</i> “‘At our workplace or when thinking of your workplace, have you, had more than once spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy in a situation where colleagues would not feel that way?’”</p> |
| <p><i>Agoraphobia:</i> “Have you ever been particularly uneasy in places or situations from which escape might be difficult or embarrassing, or help might not be available, like being in a crowd, standing in a line, being alone away from home, crossing a bridge, or travelling in bus, train or car? Did you fear so much these places that you tried to avoid them, needed the presence of a companion or you endured them with marked distress?”</p> | <p><i>Situational workplace phobia:</i> “Have you ever been particularly uneasy in places or situations at your workplace, or even when thinking about these, in which escape might be difficult or embarrassing, or help might not be available, like being in a crowd, or work alone, or at special working sites, or with special working processes?” Did you fear so much these places that you tried to avoid them, needed the presence of a companion or you endured them with marked distress?”</p> |
| <p><i>Social Phobia</i> “‘In the last month, were you fearful or embarrassed being the focus of attention or fearful of being humiliated? This includes things like speaking in public, using public toilettes, writing while someone watches, or being in social situations? Do you fear so much these situations that you avoid them or endure them with marked distress?’”</p> | <p><i>Indiscriminate work-related Social phobia:</i> “‘In the last month, were you fearful or embarrassed at the workplace of being the focus of attention or fearful of being humiliated? This includes things like speaking in public, using public toilettes, writing while someone watches, or being in social situations? Do you fear so much these situations that you avoid them or endure them with marked distress?’”</p> <p><i>Discriminate work-related Social phobia:</i> “‘In the last month, were you fearful or embarrassed at the workplace of being the focus of attention or fearful of being humiliated by special colleagues or superiors? Do you fear so much the encounter with these persons that you avoid them or endure them with marked distress?’”</p> |
| <p><i>Generalized anxiety disorder:</i></p> | <p><i>Work-related Generalized anxiety disorder:</i></p> |

“Have you worried excessively or been anxious about 2 or more things over the past 6 months? More than most others would? Are these worries present most days? Have people told you that you worry to much?”

“Have you worried excessively or been anxious about your work like what colleagues or superiors might think about you, whether you could make mistakes, about time schedules or your efficiency? More than most colleagues would? Are these worries present most days? Have people told you that you worry to much?”

Posttraumatic stress disorder:

“Have you ever experienced an unusually traumatic or stressful event (i.e. physical assault, fires, ...)? During the last month, have you re-experienced this event in a distressing way (i.e. dreams, intense recollections, flashbacks,...)? Have you avoided thinking about the event?

Work-related Posttraumatic stress disorder:

“Have you ever experienced an unusually traumatic or stressful event at your workplace (i.e. physical assault, fires, ...)? During the last month, have you re-experienced this event in a distressing way (i.e. dreams, intense recollections, flashbacks,...)? Have you avoided thinking about the event?

Table 2. Comorbidities of workplace-related anxiety with primary anxiety and other mental disorders.

Percentage of primary psychiatric disorders per work-related anxiety and percentage of workplace-related anxieties per primary anxiety disorder (in brackets).

| | Work-related Panic | Situational Work-related Phobia | Work-related Indiscriminate Social Phobia | Work-related Discriminate Social Phobia | Work-related Generalized Anxiety | Work-related PTSD |
|--|--|---|--|--|---|---|
| | N= 27, = 20,5 % of the population | N= 71, = 53,8% of the population | N= 16, = 12,1 % of the population | N= 29, = 22,0% of the population | N= 52, = 39,4% of the population | N= 2, = 1,5% of the population |
| (Panic Disorder N= 39; 29,5% of the population) | 51,8% (35,8%) | 36,6% (66,6%) | 43,8% (17,9%) | 27,5% (20,5%) | 34,6% (46,1%) | 50% (2,6%) |
| (Agora- phobia N= 42; 31,8% of the population) | 55,5% (37,7%) | 39,4% (66,6%) | 62,5% (23,8%) | 34,5% (23,8%) | 36,5% (88,1%) | 0% (0%) |
| (Social Phobia N= 29; 22,0% of the population) | 40,7% (37,9%) | 31,0% (75,8%) | 62,5% (65,5%) | 17,2% (17,2%) | 26,9% (48,3%) | 50% (3,4%) |
| (Obses-sive Compul-sive Disorder N=16; 12.1% of the population) | 18,5% (31,3%) | 19,7% (87,5%) | 37,5% (37,5%) | 13,9% (25,0%) | 21,1% (68,8%) | 0% (0%) |
| (Generalized Anxiety Disorder N= 61, 46,2% of the population) | 59,3% (26,2%) | 52,1% (60,6%) | 62,5% (16,4%) | 62,1% (29,5%) | 61,5% (52,4%) | 100% (3,3%) |
| (Post- traumatic Stress Disorder N=4, 3,0% of the population) | 3,7% (25,0%) | 2,8% (50,0%) | 0% (0%) | 6,9% (50,0%) | 3,8% (50,0%) | 0% (0%) |

| | | | | | | |
|---|------------------|------------------|------------------|------------------|------------------|----------------|
| (Somatization N= 6, 4.5% of the population) | 3,7% (16,7%) | 2,8% (33,3%) | 0% (0,0%) | 6,9% (33,3%) | 3,8% (33,3%) | 50% (16,7%) |
| (Adjustment Disorder N= 24, 18.2% of the population) | 18,5% (20,8%) | 22,5% (66,6%) | 18,7% (12,5%) | 20,7% (25,0%) | 23,1% (50,0%) | 50% (4,2%) |
| (Major Depression N= 51, 38.6% of the population) | 44,4% (23,5) | 47,8% (66,6%) | 68,8% (21,6%) | 62,1% (31,4%) | 50,0% (50,9%) | 100% (3,9%) |
| % of the work-place- related anxieties in the patient population | 20,5% | 53,8% | 12,1% | 22,0% | 39,4% | 1,5% |